

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 101048041 | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|------|-------------------------|-------------|------|------|------|--|
| APPLICANT(S) | | | | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | |
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| TOTAL DEP. | 18 | | | | | | | | | | | |
| TOTAL CLAIMS | 20 | | | | | | | | | | | |
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| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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